

H-0000 ELIGIBILITY DETERMINATIONS

H-100 GENERAL INFORMATION

To determine eligibility you must:

- have a complete application form

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- verify all eligibility factors.

During the ** review process:

- determine who is applying,
- determine what kind of assistance is being requested, and
- offer assistance to household members for whom assistance is not requested, if appropriate. **

H-100.1 Selecting a Program

** In order to protect the rights of the applicant, the Agency Representative shall:

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- review the ** applicant's circumstances in terms of each and all programs for which they may qualify

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Note:

Restrictions apply in C-related medical assistance. Refer to H-110, Roll-Down.

Determine the appropriate program for each applicant applying based on categorical eligibility requirements. Refer to [F-0000 Medical Programs](#), [E-0000 Category](#), and [I-0000 Eligibility Factors](#). The agency representative shall consider:

- C-related programs if the categorical requirements of pregnancy, and/or ** minor children are met. Refer to H-110,

Roll-Down.

- SSI-related programs such as Disability Medicaid, Family Opportunity Act Medicaid Buy-In Program, QMB, SLMB, QI, QDWI and Extended Medicaid. For all other categorical requirements refer to [F-0000 Medical Programs](#).
 - Consider **Disability Medicaid** for all applicants/enrollees who are disabled or aged (65 or older) and meet all eligibility requirements in the SSI program. Refer to [H-1700 Disability Medicaid](#).
 - Consider **Family Opportunity Act Medicaid Buy-in Program** for children with disabilities and family gross income at or below 300% FPL. Refer to [H-2300 Family Opportunity Act Medicaid Buy-in Program](#).
 - Consider **QMB** eligibility for all applicants or enrollees who are ** enrolled in ** Medicare Part A. Consider QMB Plus eligibility before considering eligibility for QMB Only. Refer to [H-1100 QMB](#).
 - Consider **SLMB** and **QI** eligibility for all applicants/enrollees who are enrolled in Medicare Part A. Consider SLMB Plus eligibility before considering eligibility for SLMB Only. Refer to [H-1300 SLMB](#) and [H-2000 QI](#).
 - Consider **Extended Medicaid** (DAC, Disabled Widows, Early Widows, and Pickle) for every former SSI recipient who applies for Medicaid. Refer to [H-600 Extended Medicaid](#).
- eligibility for LTC if the applicant is in or will enter a LTC facility or has been offered an opportunity for Home and Community Based Services.
- Spend- Down MNP eligibility for every case denied Medicaid because of income including Extended Medicaid and QMB only. Refer to [H-1000, Medically Needy Program](#). See also H-110 Roll-down for C-Related assistance.

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- Individuals with little or no income who have been or expected

to be continuously institutionalized in an acute care facility (hospital, ** rehabilitation center) for at least 30 days may be eligible for Medicaid.

Example:

An individual with a community spouse and resources that exceed the allowable limits for another Medicaid program may be eligible using spousal impoverishment resource provisions. Refer to [I-1660 Spousal Impoverishment Resource Provisions](#).

An applicant has the right to apply for Medicaid in any program. If the applicant/enrollee insists on including persons in a program for which they are obviously ineligible, complete the eligibility process and certify only eligible individuals. Notify the applicant of these individuals found ineligible.

Once a program has been selected, determine eligibility in accordance with policy for that program **.

H-100.2 Evaluation of Eligibility in Other Programs

Eligibility in other assistance programs must be considered and the applicant/enrollee must be advised of other programs for which he may be eligible if:

- a child is found ineligible for FITAP or LIFC because of the income of a step-parent, sibling, MUM's parent, or alien sponsor,
- at any point during the application process an applicant is determined ineligible,
- at any point after certification an enrollee is determined ineligible,
- after a Regular C-MNP certification, the assistance** unit becomes eligible for a categorical program (not including LaCHIP), or
- a new member enters the household.

Spend-Down MNP eligibility must be considered if the applicant/enrollee is income ineligible for all categorical programs.

H-100.3 Assistance Unit - Optional Exclusions**

The applicant/enrollee ** may choose to exclude any persons who are not legally responsible for the support of anyone for whom application is being made. This includes omitting a child because the mother does not want to file non-support charges against the father or any reason other than PAP.

Note:

Eligibility for the qualified relative in C-related ** programs may not be considered if there are no ** children or when, during the application process, the parent chooses to exclude all minor ** children. Although children are not legally responsible for their parents, adult(s) may not be considered for C-** related programs without children in the ** income or assistance unit. To certify a qualified relative as a Caretaker Relative in ** LIFC/PAP/C-MNP, there must be at least one minor child who is ** receiving, applying, or been determined ineligible by the agency for Medicaid.

Persons optionally excluded for any reason other than PAP cannot be certified for C-related Medicaid in any program.

It is usually to the family's advantage to keep persons with low income in the income** unit. After the agency representative has explained the advantages and disadvantages of including all persons who could be included, the applicant/enrollee has the right to exclude any member other than the parent or legal spouse of a potential enrollee. Persons who were optionally excluded from CHAMP/LaCHIP may not be added to the C-MNP assistance** unit.

Example:

Mr. and Mrs. have two children, A and B. They have applied for CHAMP, but have excluded child 'A' who has no income. The parents' income exceeds the income standard for three. When the case rolls into CHAMP-MNP, child 'A' cannot be added to the MNIES because he was optionally excluded from the original CHAMP income unit.

H-110 ROLL-DOWN FOR C-RELATED ASSISTANCE

There is a specific order for considering the kinds of assistance for which C-related Medicaid eligibility must be examined.

MNP must, by regulation and interpretation, serve persons who are not

eligible under a categorical assistance group because of income **. All persons must first be considered for categorically needy assistance. Only if the individual is ineligible for categorically needy assistance because of income ** can Medically Needy Assistance be considered.

Exception:

Regular C-MNP eligibility must be considered before categorically needy assistance through LaCHIP.

Persons excluded from categorical assistance for optional exclusions cannot be considered for C-Related MNP.

The order is as follows:

- LIFC,
- PAP,
- Transitional Medical Assistance, Continued Medicaid,
- CHAMP Child,
- Regular C-MNP
- LaCHIP,
- Spend- Down C-MNP

Medically needy assistance groups are persons who meet all requirements of a categorically needy assistance group, but are income ** ineligible for categorical assistance.

Note:

The MNIES may include persons eligible for categorical assistance. Refer to [H-1021.4 Establish Need for Medically Needy](#) applicants.

H-110.1 C- Related Categorically Needy

The applicant has the choice of initiating an application for a specific program. However, eligibility in all assistance programs must be considered.

** It may be appropriate that some members of a family apply for LIFC and others for CHAMP. Regardless of the program(s) in which the application is initiated, no individual may be considered for MNP unless

that individual has been:

- appropriately included in a categorical determination (LIFC, PAP, CHAMP, or Continued Medicaid), and
- denied Medicaid because of income.

Applicants can be certified in only one categorical group.

Reminder:

If categorical eligibility is established and refused, reject the application.

Regular C-MNP eligibility must be considered before a categorical determination in LaCHIP.

The applicant may not be given the choice to apply for Spend-Down MNP when categorical eligibility exists.

Medicaid enrollees who become ineligible shall be considered for eligibility in all other programs before being closed.

H-110.2 Medically Needy

Only if the applicant does not qualify for coverage under any of the categorically needy groups because of income ** can eligibility in Spend-Down MNP be considered. Refer to [H-1021.4](#) which allows the categorically needy persons to be included in the Medically Needy Income** Unit (MNIES).

H-110.3 Documentation

Document that LIFC, PAP, CHAMP, Continued Medicaid, Regular C-MNP, and LaCHIP policy have all been ** considered ** prior to a Spend -Down Medically Needy determination.

H-110.4 Roll-Down Flowchart for C-Related Rejections, Closures, or Removal of Ineligible Beneficiaries

FITAP

